



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

CANDIDATE COMMITTEE
COVER PAGE

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number 150715

2. Committee Name
CTE Edward Clements for Commission

5. Committee's Mailing Address
515 Webb Dr.
Bay City, MI 48706

Area Code and Phone 989-501-6063

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.

3. This Statement covers From: July 20 to August 24

4. Candidate Last Name Clements First Name Edward M.I. P

4a. Office Sought Including District # or Community Served (If applicable)
City Commissioner; 8th Ward

4b. County of Residence Bay

6. Treasurer's Name & Residential Address

Area Code & Phone _____

8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper)

Area Code and Phone _____

BY CYNTHIA A. LUCZAK
BAY COUNTY CLERK
2015 AUG 25 A 8:26
FILED CO. CLERK
18TH JUDICIAL
CIRCUIT COURT

9. TYPE OF STATEMENT

9a. ☐ Pre-Election OR 9b. ☒ Post-Election

Pre-Election or Post-Election Statement relates to:

☒ Primary
☐ General
☐ Convention
☐ Special
☐ School
☐ Caucus

Required ONLY if candidate is not on the ballot for the current year:

☐ July Quarterly
☐ October Quarterly

9c. ☐ Annual Statement (_____) Coverage Year

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended.)

9e. Dissolution of Candidate Committee

☐ By checking this item I/We certify any outstanding debt by the committee to the candidate or his or her spouse is here by discharged and forgiven, and no longer collectible from the committee. The committee has no outstanding assets, owes no late fees or has any outstanding debt.

Further, if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Effective date of dissolution _____

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

Date of Election, Convention or Caucus
August 4, 2015

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.

Current Treasurer or Designated Record keeper _____

Type or Print Name _____ Signature _____ Date _____

Candidate Edward Clements

Type or Print Name _____ Signature _____ Date 8/25/15



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**SUMMARY PAGE
CANDIDATE COMMITTEE**

1. Committee I.D. Number 150715

2. Committee Name CTE Edward Clements for Commission

RECEIPTS	Column I This Period	Column II Cumulative this election cycle
3. Contributions		
a. Itemized (Schedule 1A - Column 6)	(3a.) \$ <u>2105.00</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$ <u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$ <u>0</u>	(18.) \$ <u>3889.05</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$ <u>0</u>	(19.) \$ <u>0</u>
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$ <u>2105</u>	(20.) \$ <u>3889.05</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES		
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$ <u>0</u>	(21.) \$ <u>0</u>
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$ <u>0</u>	(22.) \$ <u>0</u>
EXPENDITURES		
8. Expenditures		
a. Itemized (Schedule 1B, Column 6)	(8a.) \$ <u>2209.51</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$ <u>0</u>	
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$ <u>0</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$ <u>2209.51</u>	(23.) \$ <u>3595.81</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)		
10. Disbursements		
a. Itemized (Schedule 1C, Column 6)	(10a.) \$ <u>0</u>	
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$ <u>0</u>	
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$ <u>0</u>	(24.) \$ <u>0</u>
DEBTS AND OBLIGATIONS		
12. Debts and Obligations		
a. Owed by the Committee (Schedule 1E)	(12a.) \$ <u>0</u>	
b. Owed to the Committee (Schedule 1E)	(12b.) \$ <u>0</u>	
BALANCE STATEMENT		
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$ <u>397.75</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$ <u>2105.00</u>	
15. SUBTOTAL Add lines 13 and 14	(15.) = \$ <u>2502.75</u>	
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$ <u>2209.51</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$ <u>293.24</u>	



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150715
2. Committee Name CTE Edward Clements For Commission

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>B+C Pizza</u> Address <u>608 State St.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Lunch @ IBEW</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/20/2015</u> Date	<u>\$ 36.25</u>
Expenditure #2 Name <u>USPS</u> Address <u>300 E John St.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/21/2015</u> Date	<u>\$ 29.40</u>
Expenditure #3 Name <u>Family Dollar</u> Address <u>950 N. Euclid St.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stationery</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/21/2015</u> Date	<u>\$ 12.72</u>
Expenditure #4 Name <u>USPS</u> Address <u>300 E. John St.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/28/15</u> Date	<u>\$ 21.56</u>
Expenditure #5 Name <u>Allied Printing</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Printing</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/21/15</u> Date	<u>\$ 426.15</u>

Subtotal this page

526.08 ✓

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150715
2. Committee Name CTE Ed Clements for Commission

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
<p>Expenditure #1</p> <p>Name <u>Ed Clements</u></p> <p>Address <u>515 Webb Dr.</u> <u>Bay City, MI</u> <u>48706</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Loan Pmt</u></p> <p><input checked="" type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7/21/15</u> Date</p>	<p><u>\$ 500.85</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #2</p> <p>Name <u>Great Minds Graphic Design</u></p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Graphic Design</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7/24/15</u> Date</p>	<p><u>\$ 100.00</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #3</p> <p>Name <u>Allied Printing</u></p> <p>Address</p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Printing</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7/27/15</u> Date</p>	<p><u>\$ 252.28</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #4</p> <p>Name <u>Brissettes 6-12</u></p> <p>Address <u>717 N. Henry St.</u> <u>Bay City, MI</u> <u>48706</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Beverages</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7/29/15</u> Date</p>	<p><u>\$ 45.70</u></p> <p>Click Here for Memo Itemization Type</p>
<p>Expenditure #5</p> <p>Name <u>Staples</u></p> <p>Address <u>4021 N. Euclid Ave.</u> <u>Bay City, MI</u> <u>48706</u></p> <p><input type="checkbox"/> Fund Raiser</p>	<p>Purpose: <u>Stationery</u></p> <p><input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement</p>	<p><u>7/20/15</u> Date</p>	<p><u>\$ 40.26</u></p> <p>Click Here for Memo Itemization Type</p>

Subtotal this page

939.09 ✓

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150715
2. Committee Name CTE Edward Clements For Commission

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>USPS</u> Address <u>1000 Washington Ave.</u> <u>Bay City, MI 48708</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/30/15</u> Date	<u>\$ 19.60</u> Click Here for Memo Itemization Type
Expenditure #2 Name <u>Big Boy</u> Address <u>500 W. Euclid Ave.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Breakfast for Volunteers</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>7/31/15</u> Date	<u>\$ 22.51</u> Click Here for Memo Itemization Type
Expenditure #3 Name <u>Nathan Weidner Foundation</u> Address _____ <input type="checkbox"/> Fund Raiser	Purpose: <u>Chicken Dinner Fundraiser</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/2/15</u> 10/2/15 Date	<u>\$ 100.00</u> Click Here for Memo Itemization Type
Expenditure #4 Name <u>BWW Bay City</u> Address <u>4050 Wilder Rd.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Volunteer Lunch</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/4/15</u> Date	<u>\$ 119.53</u> Click Here for Memo Itemization Type
Expenditure #5 Name <u>Rathskellar</u> Address <u>600 E. Midland St.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Election Party</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/4/15</u> Date	<u>\$ 107.49</u> Click Here for Memo Itemization Type

Subtotal this page

369.13 ✓

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

Enter this total
on line 8a of
Summary Page



ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE

1. Committee I. D. Number 150715
2. Committee Name CTE Edward Clements for Commission

3. Name and address of person or vendor to whom paid	4. Purpose (Required Information)	5. Date	6. Amount
Expenditure #1 Name <u>USPS</u> Address <u>300 E. John St.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/6/14</u> Date	\$ <u>49.00</u>
Expenditure #2 Name <u>BCPS Print Shop</u> Address <u>910 N. Walnut St.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Stationery</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/14/15</u> Date	\$ <u>38.75</u>
Expenditure #3 Name <u>USPS</u> Address <u>300 E John St.</u> <u>Bay City, MI 48706</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Postage</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/17/15</u> Date	\$ <u>23.52</u>
Expenditure #4 Name <u>ATS</u> Address <u>22040 Gratiot Rd</u> <u>Merrill, MI 48637</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>Campaign Shirts</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>8/20/15</u> Date	\$ <u>263.94</u>
Expenditure #5 Name Address <input type="checkbox"/> Fund Raiser	Purpose: _____ <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	_____ Date	\$ _____

Subtotal this page

375.21

Grand Total of all Schedules 1B
(Complete on last page of Schedule)

2209.51

Enter this total
on line 8a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150715
2. Committee Name CTE Edward Clements For Commissioner

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 Name & Address: <u>Brian Dufresne</u> <u>898 Cecelia Ct.</u> <u>Bay City, MI 48702</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>7/20/2015</u>	\$ <u>50.00</u> \$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Principal</u> Employer <u>BCPS</u> Business Address <u>910 N. Walnut St., Bay City, MI 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Operating Engineers Local 324</u> <u>State of MI PAC</u> <u>500 Hulet Dr.</u> <u>Bloomfield Twp, MI 48302</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>7/20/2015</u>	\$ <u>500.00</u> \$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 Name & Address: <u>IBEW PAC Voluntary Fund</u> <u>900 seventh St. NW</u> <u>Washington, D.C. 20001</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>7/22/2015</u>	\$ <u>500.00</u> \$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 Name & Address: <u>Sheet Metal Workers Local 7 PAC</u> <u>4931 Contec Dr.</u> <u>Lansing, MI 48910</u>	PAC Receipt? <input checked="" type="checkbox"/> YES	4. Date of Receipt <u>7/22/2015</u>	\$ <u>500.00</u> \$ <u>500.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 1550.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150715
2. Committee Name CTE Edward Clements for Commission

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>Tom & Dinah Drussel</u> <u>2384 S. Knight Rd.</u> <u>Munger, MI 48747</u>		\$ <u>25.00</u>	\$ <u>25.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>Bob Redmond</u> <u>201 N. Mountain St.</u> <u>Bay City, MI 48706</u>		\$ <u>100.00</u>	\$ <u>100.00</u>
5. If over \$100.00 cumulative, please provide: Occupation <u>Retired</u> Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>Mike & Cindy Haley</u> <u>5431 Four mile Rd.</u> <u>Bay City, MI 48706</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	
3. Contribution # 4 PAC Receipt? <input type="checkbox"/> YES Name & Address: <u>Sherry Clements</u> <u>808 N. Water St.</u> <u>#209 Bay City, MI 48706</u>		\$ <u>50.00</u>	\$ <u>50.00</u>
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		Click Here for Memo Itemization	

Page Subtotal 225.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150715
2. Committee Name CTE Edward Clements For Commis

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>Jacobs Littlejohn</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>August 8, 2015</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>10.00</u>	\$ <u>10.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Tom Pytlik</u> <u>3306 Westway Dr.</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/15/2015</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
3. Contribution #3 Name & Address: <u>Kurt Legner</u> <u>308 S. Hampton</u> <u>Bay City, MI 48706</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/17/15</u>	
5. If over \$100.00 cumulative, please provide: Occupation <u>Teacher</u> Employer <u>BCPS</u> Business Address <u>910 N. Walnut St. Bay City 48706</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution #4 Name & Address: <u>Toan Herek</u> <u>1606 30th St.</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/20/15</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>20.00</u>	\$ <u>20.00</u>
		Click Here for Memo Itemization	

Page Subtotal

180.00

Grand Total of All Schedules 1A
(Complete on last page of Schedule)

Enter this total on
line 3a of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 150715
2. Committee Name CTE Edward Clements For Commission

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (PAC) Report <u>all</u> contributions regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 Name & Address: <u>CTE Andrew Niedziński</u> <u>321 S. Birney St.</u> <u>Bay City, MI 48708</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/20/2015</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>100.00</u>	\$ <u>100.00</u>
		Click Here for Memo Itemization	
3. Contribution #2 Name & Address: <u>Mike Kelly</u>	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt <u>8/21/15</u>	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ <u>50.00</u>	\$ <u>50.00</u>
		Click Here for Memo Itemization	
3. Contribution #3 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ _____	\$ _____
		Click Here for Memo Itemization	
3. Contribution #4 Name & Address:	PAC Receipt? <input type="checkbox"/> YES	4. Date of Receipt _____	
5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$ _____	\$ _____
		Click Here for Memo Itemization	

Page Subtotal 150.00
Grand Total of All Schedules 1A
(Complete on last page of Schedule) 2105.00
Enter this total on
line 3a of Summary
Page.